

# **NON-CLP SUPERFUND ANALYTICAL SERVICES TRACKING FORM**

Reference No. \_\_\_\_\_  
(Assigned by Region)

Region \_\_\_\_\_ CERCLIS No. \_\_\_\_\_

Sampling Period \_\_\_\_\_ To \_\_\_\_\_

A separate form should be completed for each sample group, which is defined as a group of samples that are associated with a unique site, field team, sampling period, and laboratory (if applicable). The number of samples contained in each sample group is determined by the EPA Site Manager.

1. Site Name, City, State: \_\_\_\_\_

2. Type of activity (check all that apply):

☐ Preliminary Assessment    ☐ SSI    ☐ LSI  
☐ RI/FS    ☐ Remedial Design    ☐ Remedial Action    ☐ Operation/Maintenance    ☐ NPL Delisting  
☐ Removal Site Eval.    ☐ Removal Action    ☐ Oil Response    ☐ UST Response  
☐ PRP Oversight    ☐ Other, specify \_\_\_\_\_

3a. Analytical facility/equipment used (check all that apply): { } = Facility Code included for use in question 5b.

☐ Fixed laboratory {L}    ☐ Fieldable equipment {F}    ☐ Temporary on-site laboratory {T}  
☐ Mobile laboratory {M}    ☐ Portable equipment {P}    ☐ Other {O}, specify \_\_\_\_\_

3b. Laboratory Name (if applicable) \_\_\_\_\_ City, State \_\_\_\_\_

Subcontractor Laboratory (if applicable) \_\_\_\_\_

4a. Funding Lead: ☐ Superfund    ☐ Other Federal Agency, specify \_\_\_\_\_  
☐ PRP    ☐ State, specify \_\_\_\_\_    ☐ Other, specify affiliation \_\_\_\_\_

4b. Field Contract (Superfund lead only): ☐ TAT    ☐ ERCS    ☐ FIT    ☐ ARCS    ☐ TES  
☐ ESAT    ☐ Other, specify \_\_\_\_\_

Contractor Company \_\_\_\_\_

5a. Total number of samples analyzed \_\_\_\_\_

5b. Specific Analysis Information (use additional pages if necessary to identify all analyses):

| Analysis Type<br>(e.g. VOAs,<br>Metals, PCBs) | Facility<br>Code<br>(see 3a) | Matrix | # Samples | Sample Preparation<br>Source & Method #<br>(if none answer 5c) | Analysis<br>Source & Method #<br>(if none, answer 5c) |
|---|------------------------------|--------|-----------|--|---|
|   |                              |        |           |  |   |
|   |                              |        |           |  |   |
|   |                              |        |           |  |   |
|   |                              |        |           |  |   |
|   |                              |        |           |  |   |
|   |                              |        |           |  |   |

# Samples = # Sampling Points + # Field QC Samples

5c. If non-standard methods were used, list below and specify if performance data are available for the matrices, analytes, and detection limits used. (Y = yes, N = No, D = Don't Know)

Non-standard sample preparation/cleanup techniques:    Matrices    Analytes    Detection Limits

\_\_\_\_\_

Non-standard analytical methods:

\_\_\_\_\_

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6. Reasons for selecting non-CLP analytical services for these samples (check all that apply):  
☐ Proximity to site    ☐ Direct interaction with lab    ☐ Unique parameter analysis    ☐ Cost savings  
☐ Product control    ☐ Ease of acquiring services    ☐ Less paperwork    ☐ Method flexibility  
☐ Quick turnaround    ☐ Select locations for further analysis  
☐ Other, specify \_\_\_\_\_
7. Are the environmental data from this sampling event stored electronically and available to EPA personnel?  
☐ No    ☐ Don't know    ☐ Yes, contained on:    ☐ PC    ☐ Mainframe (including minicomputers)
8. For laboratory analyses, what was the turnaround time? \_\_\_\_\_ Days Was it met? ☐ Yes    ☐ No    ☐ Don't know
- 9a. Document(s) where sampling, analytical, and QC requirements are defined (check all that apply):  
☐ QAPJP    ☐ SAP    ☐ FOP/TDD/TID    ☐ Other, specify \_\_\_\_\_
- 9b. Document(s) approved by:    ☐ ESD    ☐ WMD    ☐ Other, specify affiliation \_\_\_\_\_
- 9c. For each analytical facility/equipment used, please indicate whether the QA/QC requirements were defined in the above documents (Def) and whether compliance was adequate to meet the intended purpose (Met).

|                                   | Fixed lab |     | Mobile lab |     | On-Site lab |     | Fieldable |     | Portable |     | Other |     |
|-----------------------------------|-----------|-----|------------|-----|-------------|-----|-----------|-----|----------|-----|-------|-----|
|                                   | Def       | Met | Def        | Met | Def         | Met | Def       | Met | Def      | Met | Def   | Met |
| Analytical Method(s)              |           |     |            |     |             |     |           |     |          |     |       |     |
| Sample preservation & handling    |           |     |            |     |             |     |           |     |          |     |       |     |
| Sample Chain of Custody           |           |     |            |     |             |     |           |     |          |     |       |     |
| Sample Holding Times              |           |     |            |     |             |     | XX        | XX  | XX       | XX  |       |     |
| Detection/Quantification limits   |           |     |            |     |             |     |           |     |          |     |       |     |
| Equipment maintenance/calibration |           |     |            |     |             |     |           |     |          |     |       |     |
| Documentation                     |           |     |            |     |             |     |           |     |          |     |       |     |
| Frequency & type of QC samples    |           |     |            |     |             |     |           |     |          |     |       |     |

Y = yes

N = no

R = data not reviewed for this criterion (only applicable for Met column)

10. Was the laboratory audited as part of the Superfund program by:  
☐ EPA or EPA Contractor    ☐ PRP    ☐ Not audited    ☐ Don't know  
 Comments: \_\_\_\_\_
- 11a. Were data reviewed for technical limitations?    ☐ Yes    ☐ No (go to 12)
- 11b. Reviewed by:    ☐ ESD/ESAT    ☐ User    ☐ Other, specify affiliation \_\_\_\_\_
- 11c. Extent of review:    ☐ Full review of \_\_\_\_\_% of the data  
                                   ☐ Partial review of \_\_\_\_\_% of the data
- 11d. Review criteria used:    ☐ CLP National Functional Guidelines  
                                   ☐ QA/QC Guidance for Removal Activities (ERT Guidance)  
                                   ☐ Other, specify \_\_\_\_\_
12. Were the quality and quantity of data sufficient to meet the intended purpose?  
☐ Yes    ☐ No (explain below)    ☐ Don't know (explain below)  
 Reason: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name and Affiliation